Everyone knows the importance to consider past acquisitions when preparing future ones. That's why the President Professor Sara Ferri and the Faculty Board of the Academy, first of all Professor Mario Comporti have set up the meeting to honour the memory of three Italian pioneers of lymphangiology all of them teachers at University of Siena Italy: Paolo Mascagni, Leonetto Comparini and Egidio Tosatti. Mascagni and Tosatti have been remembered by Professor Corradino Campisi and now it is my privilege to remind you the unforgettable Leonetto Comparini whose activity and tremendous work in restauration and reconstruction of the University Institute of Human Anatomy after the second world war is unquestionable. He was deeply human showing a keen sensitivity in his duty as a teacher and a very capable manager of his own work as well as that of his team. His lectures on the Nervous Central System became famous as well as his Textbook of Anatomy, very capable manager of his own work as well as that of his Institute, whose activity and tremendous work in restauration and reconstruction of the University Institute of Human Anatomy after the second world war is unquestionable. He was deeply human showing a keen sensitivity in his duty as a teacher and a very capable manager of his own work as well as that of his team. His lectures on the Nervous Central System became famous as well as his Textbook of Anatomy.

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The certainty of a success, very often beyond the Patient's follow up.

And our own expectations, has been the fundamental reason for a revival of the so-called Entero-Urinary Syndrome, as it was identified for the first time by the French Urologist Heitz-Boyer at the beginning of last century. That Syndrome has nothing to do with the well known physiopathologic influence of the Digestive System upon the Uropoietic System (the metabolic consequences of intestinal hemorrhage, dehydration, intestinal diseases and surgery for obesity, or external intestinal fistulas etc. upon the renal functions).

The same goes for intestinal troubles deriving from any urological pathological involvement (abdominal pain, stipsis and anal troubles, gastroenteric involvement in nephrological deseases, vomiting, nausea etc.).

The same considerations again hold true in the case of a direct communication between the Digestive and Urologic Systems, such as enterourinary fistulas, or a variety of conditions of different etiology (trauma, TBC, diverticulosis, neoplasms etc.).

Actually the typical Entero-Urinary Syndrome implies the bacterial invasion of an otherwise normal urinary tract due to the anomalous passage of bacteria from the lower part of the Digestive System. Obviously, this possible bacterial flow may certainly reveal a hidden preexisting urinary pathology.

The Urinary troubles, mainly infections associated with megacolon, dolicoocolon, sigmoidal diverticulosis, haemorrhoids, segmental ileitis, etc are good examples of Entero-Urinary Syndrome, ordinarily encountered and managed by the Urologist in his practice.

Of course there are symptoms (lumbar, hypogastric and penoscutal pains, dysuria, pollachiuria, hyperperistaltism etc.) and signs (septic fever, hematuria, positive uroculture etc.) that are very well known to any urologist. Now it’s certainly a known fact that the bacterial bodies are not permitted to pass from the arterial circulation through the glomerular filter. We also know that the so-called ascending way for urinary Infections is a rare event, mainly in male population (it’s quite the opposite in the female population).

Therefore it is quite understandable that, in particular conditions, bacteria absorbed by the lymphatic circulation in the lower part of the Digestive System can pass into the lymphatics and then into the Urinary Tract.

In fact lymph from colon/rectum is drained to the Cysterna Chyli (Pecquet) where all the retroperitoneal lymph is also conveyed, including, of course, those amounts coming from the urinary and the reproductive system, in both male and female.

Particular conditions, such as enhanced intestinal peristalsis, antiperistalsis, increased intra-abdominal pressure, meteorism per se, and enteric inflammation are sufficient reason for the inversion of circulation, a very frequent occurrence in the lymphatic system, not to mention the normal direct communications existing between the intestinal and retroperitoneal lymphatic channels.

Moreover it is demonstrated that a passage of urine takes place, indeed in case of hydronefrosis, through the renal lymphatic vessels reaching the main circulation (Acconcia, Atti Accademia Fisiocritici) and that a backward lymphatic flow also possibly takes place in the metastatic spread of breast and prostate cancers.